



Interim Health Services Committee Testimony
July 27, 2016
Bismarck, ND

Senator Lee and committee members, thank you for the invitation to present a brief summary of our three policy briefs that I mentioned at the April meeting and our recommended bills. I am Dr. Patricia Moulton and I am the Executive Director of the ND Center for Nursing. I have invited several nurses from different parts of the state and from different sectors to provide their brief comments after I am finished.

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was developed in 2011 to represent over 18,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration to guide ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy.

Over 50 nurses have been working since last fall on developing some concrete action steps as we have developed three policy briefs. These policy briefs have gone through an approval process at the ND Center for Nursing to ensure agreement across the participating 40 organizations including nursing associations, nursing education programs, state government and regulation and other stakeholders. All three policy briefs are included in this testimony and are also available on our website at the links below:

[Behavioral Health Nursing Policy Brief](#)

[Faculty Recruitment Policy Brief](#)

[APRN Preceptor Reimbursement Policy Brief](#)

Our Behavioral Health Policy Brief outlines fifteen action steps in which the nursing community could assist with the state's behavioral health shortages. Nurses serve in the front line of North Dakota's healthcare system and provide a key safety net for the behavioral health system. Several of these actions are already under development by our and other nursing organizations across the state. There are some actions that will require legislative assistance. This includes improvements to the Health Professional Student Loan Repayment Program and a change in wording to include APRNs in detoxification holds.

Student Loan Repayment Program Improvement Bill Draft Components

An ACT to provide changes to health care professional student loan repayment program (North Dakota Century Code Chapter 43-12.3). These changes include expanding eligible health professionals, increased funding and removal of barriers related to community matching.

- *Student Loan repayment program- Contract. (Century Code 43-12.03-06)*

Remove matching funds requirement for behavioral health professionals as this was found to be a substantial barrier to full implementation of this program as many of these providers are located in state agencies with budget cuts.

Add Registered Nurse and Licensed Practical Nurse as eligible providers for loan repayment with similar loan repayment amounts to other providers.

- *Increase overall funding of health professional loan repayment program to accommodate inclusion of additional nursing providers and mental health professionals. House Bill 1396 passed in 2015 did not include increased funding for this program which will be critical with increased shortages of nurses, advanced practice registered nurses and mental health professionals.*

Inclusion of APRNs in Detoxification Holds Bill Components

Current Century Code allows a licensed physician of a local hospital or a licensed addiction counselor of a detoxification center to have the authority to hold a person for treatment up to seventy-two hours. In many rural areas, APRNs are the primary care provider on duty at the hospital and should be added to this list of those authorized for a public intoxication hold. (NDCC § 5-01-05.1. Public intoxication - Assistance - Medical care). This is also being forwarded by Department of Human Services Mental Health Professions definition group.

North Dakota is currently experiencing shortages of Licensed Practical Nurses, Registered Nurses and Advanced Practice Registered Nurses. I provided more information about these shortages in my testimony in April and this information is available in our [2016 Education, Supply and Demand Chartbook](#). A key component to increasing the number of nurses in the state is increasing the capacity of our nursing education programs. The College and University Nursing Education Administrators (CUNEA) have been working on ways to ensure that available slots are filled by greater communication amongst programs regarding open slots and encouraging students to apply. Dr. Carla Gross who is the Chair of CUNEA will share more information about these efforts. Critical to increasing capacity is having an adequate supply of faculty and preceptors. More information is available in our Faculty Recruitment Policy Brief and APRN Preceptor Reimbursement Policy Brief, but we have two suggested bills below to address this issue:

Faculty Loan Forgiveness Program Bill Draft Components

An ACT to develop a new nursing faculty loan forgiveness program for public, private and tribal nursing education program faculty to obtain Master's and Doctorate degrees while serving as faculty. The program would provide support while faculty are teaching and would include a service requirement. Faculty could attend in-state or out-of-state programs to obtain their advanced education.

This program is especially important for those nursing faculty teaching behavioral health at the undergraduate level at all nursing programs and faculty teaching in the Psychiatric Mental Health Nurse Practitioner Program at UND. Faculty shortages are a critical barrier to increasing capacity across all programs. Minnesota offers a nursing faculty loan forgiveness program at <http://www.health.state.mn.us/divs/orhpc/funding/loans/nursfac.html>. The program provides for the establishment of a health professional education loan forgiveness program account that it utilized to establish a loan forgiveness program for nurses that agree to teach at least 12 credit hours or 720 hours per year in the nursing field in a postsecondary program at the undergraduate or graduate level. Faculty serve a minimum two-year full-time service

obligation. This program is described in detail in Minnesota Statute 144.1501 Health Professional Loan Forgiveness Program which also includes other health professionals.
<https://www.revisor.mn.gov/statutes/?id=144.1501>

Income Tax Credit for APRN Preceptor Bill Components

An act to create an income tax credit of \$1,000 for each clinical rotation of at least 160 hours for Advanced Practice Registered Nurses that serve as a preceptor for Advanced Practice Registered Nurse students attending the University of North Dakota, North Dakota State University or University of Mary. The maximum income tax credit is \$10,000 for serving as a preceptor for 10 rotations.

I would now like to invite to the podium representatives from the University of North Dakota, North Dakota Nurses Association, the College and University Nursing Education Administrators and the North Dakota Nurse Practitioner Association to provide more information from their perspectives of the three policy briefs and our recommended bills. Thank you.



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Bismarck, ND

Jacki Bleess Toppen PMHNP-BC, MSN, APRN

Vice President of Communications, North Dakota Nurses Association

Madame Chairman and Members of the Health Service Committee, thank you for addressing the needs of our citizens and the crisis in our behavioral health system. My name is Jacki Bleess Toppen. I am a graduate of University of North Dakota and a Psychiatric and Mental Health Nurse Practitioner practicing at Prairie St. John's in Fargo, North Dakota. I have worked in the behavioral health nursing field for 15 years in both clinical and administrative roles. I have also been a nurse educator on undergraduate and graduate levels for the past 8 years. My specific areas of clinical interest include: addiction medicine, geriatric behavioral health, impulse control disorders, and mood disorders. My comments today pertain to the behavioral health nursing policy brief as well as challenges we face in the recruitment and retention of behavioral health professionals in the state.

The greatest challenge Prairie St. John's is currently facing is the critical shortage of qualified nurses which over the past several years which has created the situation where thousands of patients in need were not able to be admitted who met medical necessity

criterion. This challenge is not unique to Prairie St. John's. 89% of counties in North Dakota are facing critical shortages of psychiatric professionals. Out of the 13,000 RNs in North Dakota, only 3% are working in behavioral health. Behavioral health nurses make up the largest proportion of the professional workforce for acute inpatient psychiatric services. Lack of adequate staffing in behavioral health facilities impacts the citizens of North Dakota greatly by forcing clients in dire need of services to endure lengthy waits or not have access to the level of care that is necessary to provide for safety during a critical time of need. For every acutely ill psychiatric patient that goes untreated, there is potential danger to the patient or to society.

Three recommendations for your Committee to consider are:

1. **Establish a plan of financial support for education and training of behavioral health nurses to work in North Dakota.** Recruitment into the field of behavioral health nursing is difficult. High stress, concern for personal safety, fear of losing 'medical skills', and poor understanding of what psychiatric nurses actually do are all barriers to recruitment. Providing education about the role of the Psychiatric and Mental Health Nurse, as well as incentives for continuing education and certification, should be considered. Additionally, quality training for correctional nursing staff to adequately handle psychiatric emergencies is critical.
2. **Increase incentives for retention of new nursing graduates in the state.** The University of North Dakota currently has a Psychiatric and Mental Health Nurse Practitioner program. Unfortunately, clinical training opportunities can be difficult to arrange. Loan repayment is only available in underserved communities. New graduates are being aggressively recruited externally. Implementation of a behavioral health mentorship program would greatly benefit

the student, facility, and university. Student loan repayment would be a powerful tool to retain new graduates to remain in North Dakota.

3. Offer incentives for faculty in Psychiatric and Mental Health Nurse Practitioner program.

There is a critical shortage of nurse educators. This prevents the program from expanding to allow for entry of more students interested in behavioral health. Nurse educator numbers can be increased by offering incentives for faculty such as competitive salaries and loan repayment which will lead to greater student access and class size.

Thank you for your time and interest. At this time, I am pleased to address any questions you have. North Dakota Nurses' Association is appreciative of the time and efforts of this committee, and we look forward to opportunities in partnering to meet the Behavioral Health needs of the people of North Dakota.